

FORM NLRB-502
41UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

19-RC-116947 November 14, 2013

INSTRUCTIONS: Submit an original and 4 copies of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located. If more space is required for any one item, attach additional sheets, numbering item accordingly.

The Petition alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

1 PURPOSE OF THIS PETITION (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)

☒ RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees.☐ RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.☐ RD-DECERTIFICATION - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.☐ UD-WITHDRAWAL OF UNION SHOP AUTHORITY - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.☐ UC-UNIT CLARIFICATION - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) ☐ In unit not previously certified. ☐ In unit previously certified in Case No. _____☐ AC-AMENDMENT OF CERTIFICATION - Petitioner seeks amendment of certification issued in Case No. _____ Attach statement describing the specific amendment sought.

2. Name of Employer

Chugach Federal Solutions Inc.

Employer Representative to contact

Fran Love

Project Manager

Telephone Number

907-563-8866

Fax: 907-5638402

3. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)

4. 3800 Centerpoint Dr #700 Anchorage AK 99503

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Service Contract

4b. Identify principal product or service

Maintenance at Eareckson Air Station on Shemya Island Alaska

5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.)

Included: All Fuel Distribution System Operators & Mechanics at Eareckson Air Station Alaska

Excluded: All guards and supervisors as defined in the Act.

6a. No. of Employees in Unit:

Approx. 3

Present:

Proposed (By UC/AC) N/A

6b. Is this petition supported by 30% or more of the employees in the unit? Yes (Not applicable in RM, UC and AC) -

(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)

7a. ☐ Request for recognition as Bargaining Representative was made on (Date) June 20, 2013, and Employer declined recognition on or about June 20, 2013. (If no reply received, so state).7b. ☐ Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8. Name of recognized or Certified Bargaining Agent (if none, so state)

N/A

Affiliation

N/A

Address and Telephone Number

Date of Recognition or Certification

N/A

9. Expiration Date of Current Contract, if any (Month, Day, Year) N/A

10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day, and Year)

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? No

11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name). Since (Month, Day, Year)

12. Organizations or individuals other than Petitioner (and other than those named in items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state)

Name	Affiliation	Address	Date of Claim (Required only if Petition is filed by Employer)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name of Petitioner and Affiliation, if any

International Brotherhood of Electrical Workers, Local 1547, AFL-CIO

By Dennis Knebel (Dennis Knebel)
(Signature of Representative of person filing petition)

Title

Organizer

Address: 3333 Denali Street, Suite 200,
Anchorage, AK 99503

Telephone

Date:

(907) 272-6571 November 7, 2013

Fax: (907) 777-7255

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FORM NLRB-760
(7-10)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

Date Filed

CHUGACH FEDERAL SOLUTIONS, INC.

Employer

and

INTERNATIONAL BROTHERHOOD OF ELECTRICAL
WORKERS, LOCAL 1547, AFL-CIO

Petitioner

Case No. 19-RC-116947 11/14/2013

Date Issued January 3, 2014

City Anchorage State AK

Type of Election:
(Check one:)(If applicable check
either or both:)☒ Stipulation☐ 8(b) (7)☐ Board Direction☒ Mail Ballot☐ Consent Agreement☐ RD Direction
Incumbent Union (Code)

TALLY OF BALLOTS

The undersigned agent of the Regional Director certifies that the results of tabulation of ballots case in the election held in the above case, and concluded on the date indicated above, were as follows:

1. Approximate number of eligible voters 3
2. Number of Void ballots 0
3. Number of Votes cast for PETITIONER 2
4. Number of Votes cast for _____
5. Number of Votes cast for _____
6. Number of Votes cast against participating labor organization(s) 0
7. Number of Valid votes counted (sum 3, 4, 5, and 6) 2
8. Number of challenged ballots 0
9. Number of Valid votes counted plus challenged ballots (sum of 7 and 8) 2
10. Challenges are not sufficient in number to affect the results of the election.
11. A majority of the valid votes counted plus challenged ballots (Item 9) has not been cast for _____

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, LOCAL 1547, AFL-CIO

For the Regional Director

Region 19

The undersigned acted as authorized observers in the counting and tabulating of ballots indicated above. We hereby certify that the counting and tabulating were fairly and accurately done, that the secrecy of the ballots was maintained, and that the results were as indicated above. We also acknowledge service of this tally.

For EMPLOYER

For PETITIONER

For

**UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 19**

CHUGACH FEDERAL SOLUTIONS, INC.

Employer

and

**INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS, LOCAL 1547, AFL-
CIO**

Case 19-RC-116947

Petitioner

TYPE OF ELECTION: STIPULATED

CERTIFICATION OF REPRESENTATIVE

An election has been conducted under the Board's Rules and Regulations. The Tally of Ballots shows that a collective-bargaining representative has been selected. No timely objections have been filed.

As authorized by the National Labor Relations Board, it is certified that a majority of the valid ballots have been cast for

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS,
LOCAL 1547, AFL-CIO**

and that it is the exclusive collective-bargaining representative of the employees in the following appropriate unit.

Unit: All full-time and regular part-time fuel distribution system operators and mechanics employed by the Employer at Eareckson Air Station on Shemeya Island, Alaska; excluding all other employees, and guards and supervisors as defined in the Act.



January 13, 2014

RONALD K. HOOKS
Regional Director, Region 19
National Labor Relations Board

COPIES SENT TO THE FOLLOWING PARTIES 1/13/2014:

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